

CALIFORNIA DRIVER LICENSE



DL **Y2342996**

FEDERAL
LIMITS
APPLY
CLASS C
END NONE

EXP **06/15/2019**

LN **OSORIO-ANGELES**

FN **JOSE MANUEL**
8006 S SAN PEDRO ST
LOS ANGELES, CA 90003

DOB **06/15/1971**

RSTR NONE



06151971

Jose

SEX M HAIR BLK EYES BRN

HGT 5'-06" WGT 170 lb

DD 03/10/2015502C6/26FD/19 ISS 05/19/2015

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: OSORIO Jose M
Last First MI

Phone: _____
Home: _____ Cell: 323 6837079

Home Email Address: OSORIONAMUEL2000@yahoo.com

Address: 8006 S San Pedro ST LA CA 90003
Street City State Zip Code

Primary Emergency Contact Name: Morales Jose
Last First

Relationship: _____
Phone: _____
Home: _____ Cell: 562 7461566 Work: _____

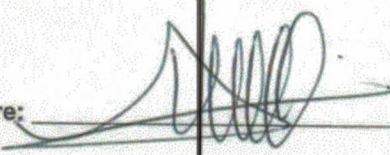
Secondary Emergency Contact Name: ANGELES Lidia
Last First

Relationship: _____
Phone: _____
Home: _____ Cell: 323 4970524 Work: _____

Preferred Local Hospital: Cedar SINAI

Insurance Information:
Company: Anthem Blue C Policy #: XDX142A74885

Comments (include any special medical or personal information you would want an emergency care provider to know - or special contact information):

Signature:  Date: Oct-26-2017